

# Complaint Management System

## Report discrimination

### How can we contact you?

**Customer Name** (first middle last):

Address:

City:

State:

ZIP Code:

Native Language (circle one)    English    Spanish

Daytime Phone:

Evening Phone:

### Who else can we call if we cannot reach you?

#### First Alternative Contact

**Name** (first middle last):

Street Address:

City

State:

Zip Code

Daytime Phone:

Evening Phone:

Best time to call:

Comments:

### Who else can we call if we cannot reach you?

#### Second Alternative Contact

**Name** (first middle last):

Street Address:

City

State:

Zip Code

Daytime Phone:

Evening Phone:

Best time to call:

Comments:

### What happened to you? How were you discriminated against?

# Complaint Management System

## Report discrimination

**Why do you believe you are being discriminated against?**

**Who do you believe discriminated against you?**

Description:

Name (first middle last):

Street Address:

City:

State:

Zip Code:

**Where did the alleged act of discrimination occur? Provide the address.**

Description:

Street address:

City:

State:

Zip Code:

**When did the last act of discrimination occur?**

**Date:**

Ongoing? (Circle one)    Yes      No